FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED FORM D

> OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

JUN 272008

SECTION 4(6), AND/OR THOMSON REUTERS SECTION 4(6), AND/OK LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076						
Expires:	June 30, 2008						
Estimated average burden							
SEC U	SE ONLY						
Prefix	Serial						
DATE R	RECEIVED						
1							

OMB APPROVAL

Name of Offering (☐ check Teleos Fund, L.P.	Contain Contain Sec				
Filing Under (Check box(es) th Type of Filing: New Fil	at apply): Rule 504 Rul	e 505 🛛 Rule	506 🗌 Secti	on 4(6) ULOE	JUN 25 7hna
	A. B	ASIC IDENTIF	CATION DA	ΓΑ	Washington, DC
1. Enter the information reques	ed about the issuer				104
Name of Issuer (check if th	is is an amendment and name has	changed, and in	dicate change.)	1	
Teleos Fund, L.P.					
Address of Executive Offices (N Financial Centre, 695 East Main	lumber and Street, City, State, Zip Street, Stamford, CT, 06901	Code)		Telephone Numbe (203)-975-7415	r (Including Area Code)
Address of Principal Business C (if different from Executive Off	perations (Number and Street, Cices)	ity, State, Zip Co	de)	Telephone Numbe	r (Including Area Code)
Brief Description of Business	To operate as a private investr	nent limited parti	nership.		
Type of Business Organization corporation business trust	☑ limited partnership, a☐ limited partnership, to	-	o	ther (please speci	08053764
Actual or Estimated Date of Inc	orporation or Organization:	Month 6	Year 96	☑ Actual ☐ I	Estimated
Jurisdiction of Incorporation or	Organization (Enter two-letter U.				DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and O Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director □ General Partner ☐ Promoter ■ Beneficial Owner Check Box(es) that Apply: Full Name (Last name first, if individual) Teleos GP, L.L.C. (Number and Street, City, State, Zip Code) **Business or Residence Address** Financial Centre, 695 East Main Street, Stamford, CT, 06901 ☐ Director Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer Member of the General Partner Full Name (Last name first, if individual) Daniel Gressel **Business or Residence Address** (Number and Street, City, State, Zip Code) Financial Centre, 695 East Main Street, Stamford, CT, 06901 ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ■ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В	. INFORM	IATION A	BOUT OF	FERING				
1.				he issuer in				estors in th	is offering	?	Yes	No ⊠	
2.													
-	* Subject to the discretion of the General Partner to accept lesser amounts. Yes No 3. Does the offering permit joint ownership of a single unit												
3. 4	 Does the offering permit joint ownership of a single unit												
	for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Not Applicable												
	associa	ted persons	of such a	broker or d	ealer, you r	nay set fort	h the infor	mation for	hat broker	or dealer o	nly. Not A	pplicable	
Full Nar	ne (Last	name first	, if individ	ual)									
Business	s or Res	idence Ado	lress (Num	ber and Str	eet, City, S	tate, Zip Co	ode)			-			
Name of	f Associ	ated Broke	r or Dealer			•							
	States in which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
-	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	(NM) [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		name first											
Busines	s or Res	idence Ado	lress (Num	ber and Str	eet, City, S	tate, Zip Co	ode)	*****					
Name of	f Associ	ated Broke	r or Dealer	•									
				licited or In dividual St		olicit Purch	asers				•	AI	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]
		t name first			City C	tota Zia C					· -		
				ber and Str	eet, City, S	tale, Zip Co					<u>-</u> -		
		ated Broke										_	
(0	Check "A	All States"	or check in	licited or In dividual St		olicit Purch	asers						1 States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	(IL) (MT)	(IN) (NÉ)	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] (NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] {OR]	[MO] [PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Las	t name first	t, if individ	ual)		<u> </u>							(10.20)
Busines	s or Res	idence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip C	ode)				• • •		
Name of	f Associ	ated Broke	er or Dealer	r		<u>.</u>							
				licited or Ir dividual St		olicit Purch	asers		-	_	_	Al	1 States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	(MT) [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	(NY) (VT)	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	(OR) (WY)	[PA] [PR]
							- •						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. or "zero". If the transaction is an exchange offering, check this box [] and indicate in the columns below offered for exchange and already exchanged.	Enter "0" if answer is the amounts of the s	"none" ecurities
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Date	\$	\$
	Equity	\$	\$
	[] Common[] Preferred	\$	\$
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$300,000,000	\$123,863,851
	Other (Specify)	\$	\$
		\$300,000,000	\$123,863,851
	Total	\$300,000,000	\$123,003,031
	amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchaggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	ased securities and th Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	18	\$123,863,851
	Non-accredited Investors	<u>-</u>	\$
	Total (for filing under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering listed in Part C - Question 1.	c. Classify securities	, in by type
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in amounts relating solely to organization expenses of the issuer. The information may be given as subject to amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	his offering. Exclude future contingencies	. If the
	Transfer Agent's Fees	[]	\$0
	Printing and Engraving Costs	[x]	\$*
	Legal Fees	[x]	\$ *
	Accounting Fees	[x]	\$*
	Engineering Fees	[]	\$0
	Sales Commissions (specify finders' fees separately)	[]	\$0
	Other Expenses (identify) (legal and organizational fees)	[x]	\$*
	Total	[x]	\$100,000*

^{*}All offering and organizational expenses are estimated not to exceed \$100,000.

b. Enter the difference between the aggregate offering price given in respons expenses furnished in response to Part C - Question 4.a. This difference is th issuer."	e "ad	justed	l gross proceeds	to the		\$ 299,900,000
Indicate below the amount of the adjusted gross proceeds to the issuer used o shown. If the amount for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross proceeds to the issuer se	check	the t	ox to the left of	the esti	mate.	The total
			Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries	[1	\$	_ []	\$
Purchase of real estate	ſ	}	\$	_ [1	\$
Purchase, rental or leasing and installation of machinery and equipment	[]	\$	_ [1	\$
Construction or leasing of plant buildings and facilities	[]	\$	_ []	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[J	\$	- [)	\$
Repayment of indebtedness	[1	\$	_ []	<u>\$</u>
Working capital	[]	\$	_ []	\$
Other (specify):	[]	\$	_ [x]	\$ 299,900,000
Column Totals]]	\$	[x]	\$ 299,900,000
Total Payments Listed (column totals added)			[x]	\$ 299	,900,	000
D. FEDERAL S	IGN	ATI	RF.			
the issuer has duly caused this notice to be signed by the undersigned duly author constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	rized	perso	n. If this notice	is filed itten of	unde f its si	r Rule 505, the follow aff, the information fo

ATTENTION

Title of Signer (Print or Type)

Managing Member of the General Partner

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

Name of Signer (Print or Type)

Daniel Gressel

	E. STATE SIGNATURE							
1.	Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	See Appendix, Column 5, for state response. Not applicable							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable							
3.	 The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable 							
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable							
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly horized person.							
Iss	uer (Print or Type) Date Compared Date Date							
	Teleos Fund, L.P.							
Na	me (Print or Type) Ttle (Print or Type)							
	Daniel Gressel Managing Member of the General Partner							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX
TELEOS FUND, L.P.

	1	2 3 4							· ·	5
State Yes No Partnership interests \$300,000,000 Number of Accredited Investors Number of Accredited Investors Number of Accredited Investors Amount Yes No AL I	1	Intend to non-acci	sell to redited in State	security and aggregate offering price offered in state	Type of	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted)				
State Yes No Partnership Investors \$300,000,000 Investors \$300,000,000 Amount \$100,000 Investors \$300,000,000 Amount \$100,000 Yes No AL Image: All Control of the partnership state of the partn						:	Number of Non-			
AK X X 1 \$1,942,118 0 0 AR X X X 4 \$6,778,937 0 0 <t< td=""><td>State</td><td>Yes</td><td>No</td><td>Interests</td><td></td><td>Amount</td><td></td><td>Amount</td><td>Yes</td><td>No</td></t<>	State	Yes	No	Interests		Amount		Amount	Yes	No
AZ X X 1 \$1,942,118 0 0 CA X X X 4 \$6,778,937 0 0 CO X X X 5 \$10,825,125 0 0 DE X X X 5 \$10,825,125 0 0 DE X X X 5 \$10,825,125 0 0 DC X X X X FL X X X <	AL									
AR CA X X X 4 56,778,937 0 0 0 CCO CCO CCT X X X 5 \$10,825,125 0 0 0 CCC CCC CCC CCC CCC CCC CCC CCC	AK									
CA X X 4 \$6,778,937 0 0 CO X X X 5 \$10,825,125 0 0 DE X X X 0	AZ		Х	х	1	\$1,942,118	0	0		
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CT X X 5 \$10,825,125 0 0 DE DC	CA		х	Х	4	\$6,778,937	0	0		
DE DC	СО									
DC Image: color of the color o	СТ		Х	Х	5	\$10,825,125	0	0		
FL I	DE									
GA II II III	DC									
HI	FL									
ID X X X 0 \$0 0 0	GA									
IL X X 0 \$0 0 0 IN	HI									,
IN IA IA<	ID									
IA	IL		Х	Х	0	\$0	0	0		
KS	IN									
KY	IA									
LA Image: control or	KS									
ME Image: second control of the control o	KY									
MD Image: Control of the c	LA									
MA Image: Control of the c	ME									
MI	MD									
MN	MA									
MS	MI									
MO O O O O O O O O O O O O O O O O O O	MN									
	MS									
MT	МО									
	MT									

APPENDIX

TELEOS FUND, L.P.

			T	TELEU	S FUND, L.P					
]	2								plicable	
			Type of security and		Disqual	ification ite ULOE				
	Intend to	sell to	aggregate						attach	
	non-accr	edited	offering price					explana	ation of	
	investors (Part B-I		offered in state (Part C-Item 1)	Type of	f investor and an Part C	nount purchased -Item 2)	in State	waiver granted) (Part E-Item 1)		
		,			(2 4 (2	Number of				
				Number of		Non-			i	
				Accredited		Accredited				
State	Yes	No	Partnership Interests	Investors	Amount	Investors	Amount	Yes	No	
			\$300,000,000							
NE										
NV										
NH										
NJ		Х	X	2	\$11,198,510	0	0			
NM										
NY		Х	X	5	\$5,739,632	0	0			
NC					<u> </u>					
ND										
ОН										
OK		<u> </u>								
OR										
PA		<u> </u>						·		
RI SC										
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SD TN										
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VA		х	X	1	\$918,872	0	0			
WA			<u>.</u>	<u> </u>	<u> </u>					
wv										
WI						-				
WY	,									
PR										

